

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			FEC IDENTIFICATION NUMBER ▼ C C00075820		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2014</div> </div>		
Full Name of Payee FP1 STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2014</div>		
Mailing Address PO BOX 16504			Amount <div style="border: 1px solid black; padding: 2px;">7560.00</div>		
City State Zip Code ALEXANDRIA VA 22302		Transaction ID : SE24-0.039133 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2014</div>			
Purpose of Expenditure MEDIA		Category/ Type			
Name of Federal Candidate DAVID W JOLLY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">2147811.56</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► SPECIAL GENERAL		
Full Name of Payee FP1 STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2014</div>		
Mailing Address PO BOX 16504			Amount <div style="border: 1px solid black; padding: 2px;">7560.00</div>		
City State Zip Code ALEXANDRIA VA 22302		Transaction ID : SE24-0.039134 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2014</div>			
Purpose of Expenditure MEDIA		Category/ Type			
Name of Federal Candidate ALEX SINK			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">2147811.56</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► SPECIAL GENERAL		
(a) SUBTOTAL of Itemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px;">15120.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Keith A. Davis</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2014</div>		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
		M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2014	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2014		
Mailing Address 815 SLATERS LANE			Amount 83190.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.039131		
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2014		
Name of Federal Candidate DAVID W JOLLY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 2147811.56			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► SPECIAL GENERAL		

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2014		
Mailing Address 815 SLATERS LANE			Amount 83190.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.039132		
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2014		
Name of Federal Candidate ALEX SINK		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 2147811.56			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► SPECIAL GENERAL		

(a) SUBTOTAL of Itemized Independent Expenditures.....	166380.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	181500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2014

Signature